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CONFIRMATION NO. 7928

<b>SERIAL NUMBER</b> 10/010,213	<b>FILING OR 371(c) DATE</b> 12/04/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> R0367-00201
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/146,185 09/01/1998 PAT 6,540,693 which is a CIP of 09/057,303  
 04/08/1998 PAT 6,331,166 \*  
 which claims benefit of 60/076,973 03/03/1998  
 (\*)Data provided by applicant is not consistent with PTO records. JF

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JF

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 01/18/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 5
Verified and Acknowledged	Examiner's Signature <i>JF</i> Initials <i>JF</i>				

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**TITLE**

Methods and apparatus for securing medical instruments to desired locations in a patient's body

<b>FILING FEE RECEIVED</b> 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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